

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91514 015 ****61.25

DOCUMENT # N96000006317

1. Entity Name

EDGEWATER AT CARLTON LAKES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

C/O THE WARNER CORP.
 386 110TH AVENUE NORTH, SUITE 7
 NAPLES FL 34108

Mailing Address

C/O THE WARNER CORP.
 886 110TH AVENUE NORTH, SUITE 7
 NAPLES FL 34108
 US

Advanced Property Mgmt Service

Advanced Property Mgmt Service

Suite, Apt., #, etc.
37 Mentor Drive
Naples FL 34110

Suite, Apt., #, etc.
37 Mentor Drive
Naples FL 34110

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0720326

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WARNER, BRYAN J
886 110TH AVENUE NORTH, #7
NAPLES FL 34108

Name **SUSAN L. THOMPSON**

Street Address (P.O. Box Number is Not Acceptable)
Advanced Property Mgmt Service

37 Mentor Drive

City

Naples FL 34110

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE *Susan L. Thompson*
 Signature, typed or printed name of registered agent and title if applicable.

SUSAN L. THOMPSON

(NOTE: Registered Agent signature required when reinstating)

4/30/02
 DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
 NAME **IANNONE, ANTHONY**
 STREET ADDRESS **5130 COBBLE CREEK COURT, #103**
 CITY-ST-ZIP **NAPLES FL 34110**

TITLE ☐ Change ☒ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **HOFFMAN, BEVERLY**
 STREET ADDRESS **5140 COBBLE CREEK COURT, #203**
 CITY-ST-ZIP **NAPLES FL 34110**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** ☐ Delete
 NAME **KOWOL, MICHAEL**
 STREET ADDRESS **5145 COBBLE CREEK CT.**
 CITY-ST-ZIP **NAPLES FL 34110**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** ☐ Delete
 NAME **GRIEFF, DIANE**
 STREET ADDRESS **5115 COBBLE CREEK COURT, #104**
 CITY-ST-ZIP **NAPLES FL 34110**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)